

IF THE PAGE FILMED IS NOT
AS LEGIBLE AS THIS LABEL,
IT IS DUE TO THE QUALITY
OF THE ORIGINAL.

F-6-8704-42

EPA POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION VI	SITE NUMBER (to be assigned by HQ) LAD981910664
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.			
GENERAL INSTRUCTIONS: Complete Sections I and III through V as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.			
I. SITE IDENTIFICATION			
A. SITE NAME Michael T. Halbouty Site <i>Anna Lee</i>		B. STREET (or other identifier) South of LA HWY 390, 0.75 mi. West of LA HWY 27.	
C. CITY Hackberry	D. STATE LA	E. ZIP CODE 70645	F. COUNTY NAME Cameron
G. OWNER/OPERATOR (if known) 1. NAME Chevron, USA, Inc. P.O. Box 285 Houston, TX 77001		2. TELEPHONE NUMBER (713) 754-2000	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Site is an active petroleum production and separation facility which contains several oil wells, separators, storage tanks and an 11'X12' desalinization pit.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Aerial photographs and FIT windshield survey.			K. DATE IDENTIFIED (mo., day, & yr.) 2-17-87
L. PRINCIPAL STATE CONTACT 1. NAME Harold Etheridge LADEQ		2. TELEPHONE NUMBER (504) 342-1204	
II. PRELIMINARY ASSESSMENT (complete this section last)			
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN			
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION <input checked="" type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: 5-14-87 b. WILL BE PERFORMED BY: ICF Technology/FIT Jeff Robinson Steven Cowen			
C. PREPARER INFORMATION 1. NAME Steven Cowen ICF Technology			
2. TELEPHONE NUMBER (214) 744-1641		3. DATE (mo., day, & yr.) 5-5-87	
III. SITE INFORMATION			
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if in substantial quantity.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)			
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):			
C. AREA OF SITE (in acres) 0.6		D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 29° 59' 02" N 2. LONGITUDE (deg.-min.-sec.) 93° 22' 56" W	
E. ARE THERE BUILDINGS ON THE SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):			

T2070-2 (10-79)

Continue On Reverse

Reviewed by GH-ES
Date 2/2/87

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY							
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.							
X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP	X	2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK	X	4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED It was observed during the FIT windshield survey, (2-17-87) that the desalinization pit contained two (2) rusted 55-gallon drums. It was noted that oil/water was underneath the dike indicating poor containment. These two areas need further investigation during a site reconnaissance inspection.

V. WASTE RELATED INFORMATION					
A. WASTE TYPE					
<input type="checkbox"/> 1. UNKNOWN <input checked="" type="checkbox"/> 2. LIQUID <input type="checkbox"/> 3. SOLID <input type="checkbox"/> 4. SLUDGE <input type="checkbox"/> 5. GAS					
B. WASTE CHARACTERISTICS					
<input type="checkbox"/> 1. UNKNOWN <input type="checkbox"/> 2. CORROSIVE <input type="checkbox"/> 3. IGNITABLE <input type="checkbox"/> 4. RADIOACTIVE <input type="checkbox"/> 5. HIGHLY VOLATILE <input type="checkbox"/> 6. TOXIC <input type="checkbox"/> 7. REACTIVE <input type="checkbox"/> 8. INERT <input checked="" type="checkbox"/> 9. FLAMMABLE					
<input type="checkbox"/> 10. OTHER (specify):					
C. WASTE CATEGORIES					
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.					
No					
2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.					
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNKNOWN	UNKNOWN	NONE	NONE	NONE	NONE
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
X (5) OTHER (specify): Oily sludge			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

IF THE PAGE FILMED IS NOT
AS LEGIBLE AS THIS LABEL,
IT IS DUE TO THE QUALITY
OF THE ORIGINAL.

Continued From Page 2

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Crude oil
Salt water

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			Since oily sludge was found on the ground, there is the potential for soil contamination.
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS	X			The diking around the tanks and separations appear to be inadequate to prevent oily sludge and salt water from leaving the site.
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

IF THE PAGE FILMED IS NOT
AS LEGIBLE AS THIS LABEL,
IT IS DUE TO THE QUALITY
OF THE ORIGINAL.

Continued From Front

VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input type="checkbox"/> 3. STATE PERMIT (specify):	
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	
<input checked="" type="checkbox"/> 10. OTHER (specify): UNKNOWN			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES		<input type="checkbox"/> 2. NO	
		<input checked="" type="checkbox"/> 3. UNKNOWN	
4. WITH RESPECT TO (list regulation name & number):			
VIII. PAST REGULATORY ACTIONS			
<input type="checkbox"/> A. NONE			
<input type="checkbox"/> B. YES (summarize below)			
UNKNOWN			
IX. INSPECTION ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE			
<input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
UNKNOWN			
X. REMEDIAL ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE			
<input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
UNKNOWN			

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

REGION VI

DATE:
SUBJECT: FIT TASK REQUEST
FROM:
TO: KEITH BRADLEY (6E-SH)

2A. ☒ New Assignment
☐ Amendment

5A. SSID No.:
L982

☒ Formal Report ☐ Formal Briefing
☐ Letter Report ☐ Other (Specify)

Name: Presley
Hatcher
Phone: 655-6740

Michael T
Halbouty

Hackberry
Cameron Parish
Louisiana

☒ PA ☒ SI ☐ ESI ☐ HRS Support ☐ Special Studies
☐ Enforcement Support ☐ General Technical Assistance

Preliminary Assessment and Site Inspection

I have lease

SUPERFUND
FILE

JUL 20 1992

~~REORGANIZED~~

☐ **Additional Scope Attached**

CUNCUR:

Martha M. McKee, Chief

Jo Ann Miller